

Decentralised Approach to Tackling Nutrition

Avani Kapur



On September 20, 2017, the Government of India committed to investing Rs. 12,000 crores over the next 3 years for improving maternal and child health and increasing the cost norms of the Supplementary Nutrition Programme. This was accompanied by the launch last month of National Nutrition Mission (NNM) with a three-year budget of Rs. 9046.17 crore commencing from 2017-18 with a vow to make India free from malnutrition by making Poshan Abhiyan the next "Jan Andolan"

Where should the government invest if it wants to maximise India's long-run economic growth, given fiscal and capacity constraints? This was the question posed in the 2015-16 Economic Survey. The short answer – "the highest economic returns to public investment in human capital in India lie in maternal and early-life health and nutrition interventions" (Ministry of Finance, 2016).

It is a well-recognised fact that globally, nutrition-related factors contribute to about 45 percent of child deaths under age 5. India is no exception- 33 per cent of the total disease burden was caused by maternal, neonatal and nutritional diseases. (Institute for Health Metrics and Evaluation, Public Health Foundation of India, and Indian Council for Medical Research, 2017)

However, increasingly a large body of evidence from epidemiology and economics has shown that that mortality aside, poor nutrition in the first 1000 days – from a woman's pregnancy to the child's second birthday – can lead to stunted growth, impaired cognitive ability, poor performance in schools and a negative impact on the country's workforce development. (World Bank, 2018). Tomorrow's workforce

is today's child or foetus and events occurring while the child is in the womb or at a very young age can cause irreparable damage which lasts into adulthood. Possibly, the most striking visual representation of the impact that poor nutrition can have on deprivation in the brain can be found in the latest World Development Report. Focussed on the global learning crisis, the report shows significant differences in the magnetic resonance imaging (MRI) scan of the brain of two infants aged 2-3-month olds – one who stunted while another that wasn't.

Then there is also the pure economics of nutrition. On the one hand, several billion dollars are lost annually in terms of lost gross domestic product (GDP) due to malnutrition. These losses include both direct losses in physical productivity due to mortality but also indirect losses from poor cognitive skills, loss of schooling or due to increased health care costs. Concurrently, the returns on investments preventing malnutrition are extremely high. The 2016 Global Nutrition Report estimated that for every one dollar invested in nutrition could yield a return of 16 dollars. (International Food Policy Research Institute, 2016)

Tackling malnutrition, however, is no easy task. Nutritional interventions

The author is a Fellow at the Centre for Policy Research (CPR) and Director of the Accountability Initiative (AI). The focus of her work has been in building evidence for policy advocacy to strengthen transparency and accountability in public financial management for service delivery. As part of her work, she is leading research studies on health, sanitation, nutrition and education financing.

for children in isolation can have only a modest impact. Instead, what is required is a holistic and comprehensive plan – with multiple interventions ranging from increased access to health services right from adolescent stages, improved diet and supplements such as fortification, counselling and improved sanitation. Moreover, given the different forms of malnutrition, the timing and type of nutritional interventions can also make a significant difference. While wasting or low weight for height is usually the symptom of acute undernutrition due to insufficient food intake or diseases such as diarrhoea; Stunting or low height for age refers to chronic malnutrition which occurs over time (generally occur before age two) and its effects are largely irreversible.

Till date, India has seen mixed results in past approaches to tackling malnutrition. Despite over 4 decades of the Integrated Child Development Services (ICDS) scheme and a host of other programmes tackling nutrition, between 2005-2015, as per the third and fourth round of the National Family Health Survey (NFHS), while the percentage of children under 5 who were underweight decreased from 43 per cent to 36 per cent, the percentage of children who were wasted, increased by 1 percentage point, while those that were severely wasted increased by 2 percentage points. These findings are consistent with the official reported number of ICDS beneficiaries. As



of March 2015, 15 per cent of total ICDS beneficiaries were malnourished. This increased to 22 per cent as of March 2016 and 25 per cent as of September 2017. (Accountability Initiative, 2018)

While these numbers are worrying, over the last year, momentum around nutrition has been steadily building. Union and State governments along with other stakeholders have acknowledged nutrition as a key component of development. On September 20, 2017, the Government of India committed to investing Rs. 12,000 crores over the next 3 years for improving maternal and child health and increasing the cost norms of the Supplementary Nutrition Programme (Press Information Bureau, 2017). This was accompanied by the launch last month of National Nutrition Mission (NNM) with a three-year

comprehensive approach is specified, institutional structures such as the National Council on India's Nutritional Challenges and Executive Committees have been set up; nutrition specific and sensitive schemes have been mapped and access to sanitation facilities has simultaneously improved.

The NNM has set itself a steep target of reducing stunting by 2 per cent, anaemia by 3 per cent and low birth weight by 2 per cent every year. However, given the complexity and diversity of the issue, a routine centralised, target driven approach towards implementing the programme may not work. Instead, for the mission to succeed, a decentralised approach with a focus on the first principles – namely the 3 Fs – funds, functions and functionaries will be critical.

Flexible Financing

The first step in ensuring the success of the programme is to get the financing right. Not only are costs of delivering nutrition interventions different across states and districts, but analysis undertaken of the NFHS at both the state and district level, as well as the previous Rapid Survey of Children (RSOC), have highlighted significant inter-state and intra-state variation on achievement in nutritional outcomes. (Chakrabarti, Kapur, Vaid, and Menon, 2017; NITI Aayog, n.d.). For instance, while less than 17 per cent of children under 5 are stunted in Kerala, the proportion is over 40 per cent in Uttar Pradesh and Madhya



budget of Rs. 9046.17 crore commencing from 2017-18 with a vow to make India free from malnutrition by making POSHAN Abhiyan the next "Jan Andolan". (Press Information Bureau, 2018)

On paper and policy – the recent interventions on nutrition have all the right ingredients. Funds have been set aside, the need for a



Pradesh. Similarly, while districts in Bihar and Jharkhand have the highest prevalence of wasting; districts in Uttar Pradesh and Madhya Pradesh topped the list in terms of high levels of stunting. (NITI Aayog, n.d.)

Centrally Sponsored Schemes (CSSs) are designed and funded primarily by the Union Government whilst states and local governments are responsible for the implementation and execution of the scheme. Despite an endeavour to ensure flexibility in design through decentralised planning, most often uniform fixed norms mean that states and local level functionaries have limited flexibility in implementation. Added to this is the common problem of inadequate fund flows to the last mile. For proper implementation of schemes smooth flow of funds needs to be ensured.

The government has already announced incentivising states through finances by providing performance incentives. Additionally, however, it will be essential to also provide enhanced flexibility such that states or even districts can choose from a basket of interventions based on their current level of nutritional development. This, in turn, may even require pooling resources across ministries or departments. Given the multidimensionality of nutrition, it would probably do more good if relevant ministries/departments could set aside a proportion of their budgets to tackle nutrition. As previously

mentioned, there is no real point in spending resources on skill development if our children do not have the cognitive ability or productivity developed in the early years.

We have detailed district-level information on different aspects of malnutrition from NFHS-4. The NITI Aayog has also put up disaggregated data on the current status of nutrition, available for public view. (NITI Aayog, n.d.)

Moreover, through the implementation of a common platform for real-time monitoring at the last mile will further enable the ability to use the data to make local decisions. Thus, if for instance a state or a district or even a panchayat wants to tackle nutrition by focusing on ending open defecation, it should have the flexibility to determine its own roadmap.

Clearly Defined Functions

With funds in place, functions should follow. Despite attempts at convergence in the past, evidence from the field suggests that the integrated approach to nutrition services have not been able to achieve desired results. Each department usually implements programmes through a unique planning, budgeting and management system that holds officers accountable upward to the individual department. The multi-dimensional nature of nutrition, however, requires not just coordination amongst a host of ministries – water, sanitation, health, education, but most

critically the ability to create a holistic plan focussed right from adolescent care to maternal and child health care. In order to strengthen coordination across Ministries and have clear lines of accountability, roles and responsibilities and accountabilities of each member within the bureaucracy will need to be clearly defined and articulated. Essential thus to the success of India's nutrition strategy will be clearly defined institutional arrangements not just at the National level and state level (as already envisaged in the nutrition missions) but also in the districts that allow multiple levels of jurisdiction to work together. This further needs a clear and detailed articulation of roles and responsibilities across different layers of government and efforts to enhance capacity.

Focus on the Functionaries

Finally, lower and mid-level bureaucrats and front-line workers at the last mile are critical resources in the implementation of government schemes and can make or break the state's ability to deliver on its promises. For nutrition, the Triple A – AWWs, ASHAs and ANMs are the key implementers, responsible for the delivery of essential services on the ground. Yet, for many years, the government have been grappling with acute shortage of staff. In such a scenario, the short-staffed delivery systems are only able to focus on routine activities such as supplementary nutrition and staff

salaries and expenditure on, and implementation of, softer items such as innovation, counselling and training, etc. are neglected. While endeavour to equip AWWs with smartphones and tablets will reduce administrative costs and time in filling multiple registers is excellent, technology can only do so much. Long-term, sustainable efforts at behavioural change will require fixing these capacity constraints urgently.

The recent policy and political push for nutrition have already defined a number of these steps. (NITI Aayog). However, experience has shown us, implementation is usually India's Achilles heel. The journey ahead is long and arduous but in order to address the multidimensionality of malnutrition and the long-term effects it can have on economic and cognitive development, multiple stakeholders and local service delivery models will need to be tried in a decentralised manner.

References

Accountability Initiative. (2016). *PAISA: Social Sector Spending in Chhattisgarh*. New Delhi: Centre for Policy Research.

Accountability Initiative. (2018). *Budget Briefs, Integrated Child Development Services 2018-19*. New Delhi: Centre for Policy Research.

Chakrabarti, S., Kapur, A., Vaid, A., & Menon, P. (2017). *Achieving the 2025 World Health Assembly Targets for Nutrition in India: What Will It Cost?* New Delhi: International Food Policy Research Institute.

Institute for Health Metrics and Evaluation, Public Health Foundation of India, & Indian Council for Medical Research. (2017). *India: Health of the Nation's States- The India State-Level Disease Burden Initiative*. New Delhi: ICMR; PHFI, and IHME.

International Food Policy Research Institute. (2016). *Global Nutrition Report 2016: From Promise to Impact: Ending Malnutrition by 2030*. Washington, DC.

Ministry of Finance. (2016). *Economic Survey 2015-16*. Delhi: Government of India.

NITI Aayog. (n.d.). *Nourishing India: National Nutritional Strategy*. New Delhi: Government of India.

NITI Aayog. (n.d.). *Nutrition Data of India's States and Districts*. Retrieved from NITI Aayog: <http://niti.gov.in/content/nutrition-charts#>

Press Information Bureau. (2017, September 20). Cabinet approves an increase of cost norms for Supplementary Nutrition provided in Anganwadis and in the Scheme for Adolescent Girls. Delhi.

Press Information Bureau. (2018, March 08). PM launches National Nutrition Mission, and pan India expansion of BetiBachaoBetiPadhao, at Jhunjhunu in Rajasthan. Delhi.

World Bank. (2018). *World Development Report*. World Bank Group.

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